



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 23460 CINEMA DR F, VALENCIA, CA 91355

TELEPHONE: (661) 296-1268

OWNER OF BUSINESS: JAN FRISHETTE

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: JAN FRISHETTE

FICTITIOUS NAME: STUDIO 1 DANCE ACADEMY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/01/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	02/02/16	tchen
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	07/06/16	nlove
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	02/01/16	nlove
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	07/15/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	02/02/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 142928

BUSINESS INFORMATION

Type of Business: <u>Dance Studio</u>	Address of Business: <u>23460 Cinema Dr. Suite F Valencia Ca</u>	
Start Date (Projected): <u>12/10/2015</u>	Business Telephone: <u>661) 296-1268</u> <u>91355</u>	
DBA (Business Name): <u>Studio 1 Dance Academy</u>	Mailing Address: <u>[REDACTED]</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>Jan Frishette</u>		
Home Address: <u>[REDACTED]</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>missjanfrishette@pacbell.net</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
Hair Color: <u>[REDACTED]</u>		Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 2/5/16 Applicant's Signature: Jan Frishette

Application taken by: Nicole Love Date: 2/5/16



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APPLICATION REFERRAL

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TELEPHONE: (661) 296-1268

OWNER OF BUSINESS: JAN FRISHETTE

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STUDIO 1 DANCE ACADEMY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval at  
this time.

SIGNATURE: D. Hamrick

DATE: 2/1/16



COUNTY OF LOS ANGELES  
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KIND OF BUSINESS: ANNUAL DANCE/SC

ADDRESS OF BUSINESS: 23460 CINEMA DR F, VALENCIA, CA 91355

TELEPHONE: (661) 296-1268

OWNER OF BUSINESS: JAN FRISHETTE

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STUDIO 1 DANCE ACADEMY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: William Boller

DATE: 2/3/16



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 23460 CINEMA DR F, VALENCIA, CA 91355

TELEPHONE: (661) 296-1268

OWNER OF BUSINESS: JAN FRISHETTE

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STUDIO 1 DANCE ACADEMY

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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JAN FRISHETTE 818-781-3435

TREASURER & TAX COLLECTOR  
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 6-28-16

## ZONING REFERRAL

I.D. # \_\_\_\_\_

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # 140  
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
23757 VALENCIA BLVD  
SANTA CLARITA CA 91355  
FAX (661) 945-3512

DATE: Feb. 4, 2016

TYPE OF BUSINESS(ES) Annual Dance /sc

ADDRESS OF BUSINESS 23460 Cinema Dr.

CITY Valencia ZIP CODE 91355

NAME OF OWNER Jan Frishette


"DBA" Studio 1 Dance Academy TEL. #: (818) 731-3435

MAILING ADDRESS 23460 Cinema Dr. Valencia Ca 91355

EXISTING USE YES ( ☒ ) NO ( )

USE PERMITTED IN ZONE MX-C USE NOT PERMITTED IN ZONE \_\_\_\_\_  
"APPROVED" "DENIED"

REMARKS \_\_\_\_\_

  
SIGNATURE OF ZONING OFFICER

Feb. 12 2016  
DATE



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APPLICATION REFERRAL

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TELEPHONE: (661) 296-1268

OWNER OF BUSINESS: JAN FRISHETTE 6/2/60

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STUDIO 1 DANCE ACADEMY

MAILING ADDRESS: [REDACTED] BURBANK, CA 91506

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

Approved

SIGNATURE: [Signature] 5/24/70

DATE: 2/1/16

BASIC LICENSE NO. 8298

DATE 02/01/16

IDENTIFICATION NUMBER 142928